

FIRST REGULAR SESSION

[PERFECTED]

HOUSE COMMITTEE SUBSTITUTE FOR

# HOUSE BILL NO. 986

97TH GENERAL ASSEMBLY

2218H.02P

D. ADAM CRUMBLISS, Chief Clerk

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## AN ACT

To repeal sections 208.146 and 208.151, RSMo, and to enact in lieu thereof five new sections relating to MO HealthNet, with an emergency clause for a certain section.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Sections 208.146 and 208.151, RSMo, are repealed and five new sections  
2 enacted in lieu thereof, to be known as sections 208.146, 208.151, 208.990, 208.993, and  
3 208.995, to read as follows:

208.146. 1. The program established under this section shall be known as the "Ticket  
2 to Work Health Assurance Program". Subject to appropriations and in accordance with the  
3 federal Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), Public Law  
4 106-170, the medical assistance provided for in section 208.151 may be paid for a person who  
5 is employed and who:

6 (1) Except for earnings, meets the definition of disabled under the Supplemental Security  
7 Income Program or meets the definition of an employed individual with a medically improved  
8 disability under TWWIIA;

9 (2) Has earned income, as defined in subsection 2 of this section;

10 (3) Meets the asset limits in subsection 3 of this section;

11 (4) Has net income, as defined in subsection 3 of this section, that does not exceed the  
12 limit for permanent and totally disabled individuals to receive nonspenddown MO HealthNet  
13 under subdivision (24) of subsection 1 of section 208.151; and

14 (5) Has a gross income of two hundred fifty percent or less of the federal poverty level,  
15 excluding any earned income of the worker with a disability between two hundred fifty and three  
16 hundred percent of the federal poverty level. For purposes of this subdivision, "gross income"

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 includes all income of the person and the person's spouse that would be considered in  
18 determining MO HealthNet eligibility for permanent and totally disabled individuals under  
19 subdivision (24) of subsection 1 of section 208.151. Individuals with gross incomes in excess  
20 of one hundred percent of the federal poverty level shall pay a premium for participation in  
21 accordance with subsection 4 of this section.

22         2. For income to be considered earned income for purposes of this section, the  
23 department of social services shall document that Medicare and Social Security taxes are  
24 withheld from such income. Self-employed persons shall provide proof of payment of Medicare  
25 and Social Security taxes for income to be considered earned.

26         3. (1) For purposes of determining eligibility under this section, the available asset limit  
27 and the definition of available assets shall be the same as those used to determine MO HealthNet  
28 eligibility for permanent and totally disabled individuals under subdivision (24) of subsection  
29 1 of section 208.151 except for:

30             (a) Medical savings accounts limited to deposits of earned income and earnings on such  
31 income while a participant in the program created under this section with a value not to exceed  
32 five thousand dollars per year; and

33             (b) Independent living accounts limited to deposits of earned income and earnings on  
34 such income while a participant in the program created under this section with a value not to  
35 exceed five thousand dollars per year. For purposes of this section, an "independent living  
36 account" means an account established and maintained to provide savings for transportation,  
37 housing, home modification, and personal care services and assistive devices associated with  
38 such person's disability.

39         (2) To determine net income, the following shall be disregarded:

40             (a) All earned income of the disabled worker;

41             (b) The first sixty-five dollars and one-half of the remaining earned income of a  
42 nondisabled spouse's earned income;

43             (c) A twenty dollar standard deduction;

44             (d) Health insurance premiums;

45             (e) A seventy-five dollar a month standard deduction for the disabled worker's dental and  
46 optical insurance when the total dental and optical insurance premiums are less than seventy-five  
47 dollars;

48             (f) All Supplemental Security Income payments, and the first fifty dollars of SSDI  
49 payments;

50             (g) A standard deduction for impairment-related employment expenses equal to one-half  
51 of the disabled worker's earned income.

52           4. Any person whose gross income exceeds one hundred percent of the federal poverty  
53 level shall pay a premium for participation in the medical assistance provided in this section.  
54 Such premium shall be:

55           (1) For a person whose gross income is more than one hundred percent but less than one  
56 hundred fifty percent of the federal poverty level, four percent of income at one hundred percent  
57 of the federal poverty level;

58           (2) For a person whose gross income equals or exceeds one hundred fifty percent but is  
59 less than two hundred percent of the federal poverty level, four percent of income at one hundred  
60 fifty percent of the federal poverty level;

61           (3) For a person whose gross income equals or exceeds two hundred percent but less  
62 than two hundred fifty percent of the federal poverty level, five percent of income at two hundred  
63 percent of the federal poverty level;

64           (4) For a person whose gross income equals or exceeds two hundred fifty percent up to  
65 and including three hundred percent of the federal poverty level, six percent of income at two  
66 hundred fifty percent of the federal poverty level.

67           5. Recipients of services through this program shall report any change in income or  
68 household size within ten days of the occurrence of such change. An increase in premiums  
69 resulting from a reported change in income or household size shall be effective with the next  
70 premium invoice that is mailed to a person after due process requirements have been met. A  
71 decrease in premiums shall be effective the first day of the month immediately following the  
72 month in which the change is reported.

73           6. If an eligible person's employer offers employer-sponsored health insurance and the  
74 department of social services determines that it is more cost effective, such person shall  
75 participate in the employer-sponsored insurance. The department shall pay such person's portion  
76 of the premiums, co-payments, and any other costs associated with participation in the employer-  
77 sponsored health insurance.

78           7. The provisions of this section shall expire [six years after] August 28, [2007] **2019**.

208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO  
2 HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX,  
3 Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301,  
4 et seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet  
5 benefits to the extent and in the manner hereinafter provided:

6           (1) All participants receiving state supplemental payments for the aged, blind and  
7 disabled;

8           (2) All participants receiving aid to families with dependent children benefits, including  
9 all persons under nineteen years of age who would be classified as dependent children except for

10 the requirements of subdivision (1) of subsection 1 of section 208.040. Participants eligible  
11 under this subdivision who are participating in drug court, as defined in section 478.001, shall  
12 have their eligibility automatically extended sixty days from the time their dependent child is  
13 removed from the custody of the participant, subject to approval of the Centers for Medicare and  
14 Medicaid Services;

15 (3) All participants receiving blind pension benefits;

16 (4) All persons who would be determined to be eligible for old age assistance benefits,  
17 permanent and total disability benefits, or aid to the blind benefits under the eligibility standards  
18 in effect December 31, 1973, or less restrictive standards as established by rule of the family  
19 support division, who are sixty-five years of age or over and are patients in state institutions for  
20 mental diseases or tuberculosis;

21 (5) All persons under the age of twenty-one years who would be eligible for aid to  
22 families with dependent children except for the requirements of subdivision (2) of subsection 1  
23 of section 208.040, and who are residing in an intermediate care facility, or receiving active  
24 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as  
25 amended;

26 (6) All persons under the age of twenty-one years who would be eligible for aid to  
27 families with dependent children benefits except for the requirement of deprivation of parental  
28 support as provided for in subdivision (2) of subsection 1 of section 208.040;

29 (7) All persons eligible to receive nursing care benefits;

30 (8) All participants receiving family foster home or nonprofit private child-care  
31 institution care, subsidized adoption benefits and parental school care wherein state funds are  
32 used as partial or full payment for such care;

33 (9) All persons who were participants receiving old age assistance benefits, aid to the  
34 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who  
35 continue to meet the eligibility requirements, except income, for these assistance categories, but  
36 who are no longer receiving such benefits because of the implementation of Title XVI of the  
37 federal Social Security Act, as amended;

38 (10) Pregnant women who meet the requirements for aid to families with dependent  
39 children, except for the existence of a dependent child in the home;

40 (11) Pregnant women who meet the requirements for aid to families with dependent  
41 children, except for the existence of a dependent child who is deprived of parental support as  
42 provided for in subdivision (2) of subsection 1 of section 208.040;

43 (12) Pregnant women or infants under one year of age, or both, whose family income  
44 does not exceed an income eligibility standard equal to one hundred eighty-five percent of the

45 federal poverty level as established and amended by the federal Department of Health and  
46 Human Services, or its successor agency;

47 (13) Children who have attained one year of age but have not attained six years of age  
48 who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget  
49 Reconciliation Act of 1989). The family support division shall use an income eligibility standard  
50 equal to one hundred thirty-three percent of the federal poverty level established by the  
51 Department of Health and Human Services, or its successor agency;

52 (14) Children who have attained six years of age but have not attained nineteen years of  
53 age. For children who have attained six years of age but have not attained nineteen years of age,  
54 the family support division shall use an income assessment methodology which provides for  
55 eligibility when family income is equal to or less than equal to one hundred percent of the federal  
56 poverty level established by the Department of Health and Human Services, or its successor  
57 agency. As necessary to provide MO HealthNet coverage under this subdivision, the department  
58 of social services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C.  
59 1396a (a)(10)(A)(i)(III) to children who have attained six years of age but have not attained  
60 nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C. 1396d using  
61 a more liberal income assessment methodology as authorized by paragraph (2) of subsection (r)  
62 of 42 U.S.C. 1396a;

63 (15) The family support division shall not establish a resource eligibility standard in  
64 assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO  
65 HealthNet division shall define the amount and scope of benefits which are available to  
66 individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in  
67 accordance with the requirements of federal law and regulations promulgated thereunder;

68 (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal  
69 care shall be made available to pregnant women during a period of presumptive eligibility  
70 pursuant to 42 U.S.C. Section 1396r-1, as amended;

71 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under  
72 this section on the date of the child's birth shall be deemed to have applied for MO HealthNet  
73 benefits and to have been found eligible for such assistance under such plan on the date of such  
74 birth and to remain eligible for such assistance for a period of time determined in accordance  
75 with applicable federal and state law and regulations so long as the child is a member of the  
76 woman's household and either the woman remains eligible for such assistance or for children  
77 born on or after January 1, 1991, the woman would remain eligible for such assistance if she  
78 were still pregnant. Upon notification of such child's birth, the family support division shall  
79 assign a MO HealthNet eligibility identification number to the child so that claims may be  
80 submitted and paid under such child's identification number;

81           (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to  
82 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO  
83 HealthNet benefits be required to apply for aid to families with dependent children. The family  
84 support division shall utilize an application for eligibility for such persons which eliminates  
85 information requirements other than those necessary to apply for MO HealthNet benefits. The  
86 division shall provide such application forms to applicants whose preliminary income  
87 information indicates that they are ineligible for aid to families with dependent children.  
88 Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection  
89 shall be informed of the aid to families with dependent children program and that they are  
90 entitled to apply for such benefits. Any forms utilized by the family support division for  
91 assessing eligibility under this chapter shall be as simple as practicable;

92           (19) Subject to appropriations necessary to recruit and train such staff, the family support  
93 division shall provide one or more full-time, permanent eligibility specialists to process  
94 applications for MO HealthNet benefits at the site of a health care provider, if the health care  
95 provider requests the placement of such eligibility specialists and reimburses the division for the  
96 expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and  
97 equipment of such eligibility specialists. The division may provide a health care provider with  
98 a part-time or temporary eligibility specialist at the site of a health care provider if the health care  
99 provider requests the placement of such an eligibility specialist and reimburses the division for  
100 the expenses, including but not limited to the salary, benefits, travel, training, telephone,  
101 supplies, and equipment, of such an eligibility specialist. The division may seek to employ such  
102 eligibility specialists who are otherwise qualified for such positions and who are current or  
103 former welfare participants. The division may consider training such current or former welfare  
104 participants as eligibility specialists for this program;

105           (20) Pregnant women who are eligible for, have applied for and have received MO  
106 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to  
107 be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided  
108 under section 208.152 until the end of the sixty-day period beginning on the last day of their  
109 pregnancy;

110           (21) Case management services for pregnant women and young children at risk shall be  
111 a covered service. To the greatest extent possible, and in compliance with federal law and  
112 regulations, the department of health and senior services shall provide case management services  
113 to pregnant women by contract or agreement with the department of social services through local  
114 health departments organized under the provisions of chapter 192 or chapter 205 or a city health  
115 department operated under a city charter or a combined city-county health department or other  
116 department of health and senior services designees. To the greatest extent possible the

117 department of social services and the department of health and senior services shall mutually  
118 coordinate all services for pregnant women and children with the crippled children's program,  
119 the prevention of intellectual disability and developmental disability program and the prenatal  
120 care program administered by the department of health and senior services. The department of  
121 social services shall by regulation establish the methodology for reimbursement for case  
122 management services provided by the department of health and senior services. For purposes  
123 of this section, the term "case management" shall mean those activities of local public health  
124 personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in  
125 the state's MO HealthNet program, refer them to local physicians or local health departments  
126 who provide prenatal care under physician protocol and who participate in the MO HealthNet  
127 program for prenatal care and to ensure that said high-risk mothers receive support from all  
128 private and public programs for which they are eligible and shall not include involvement in any  
129 MO HealthNet prepaid, case-managed programs;

130 (22) By January 1, 1988, the department of social services and the department of health  
131 and senior services shall study all significant aspects of presumptive eligibility for pregnant  
132 women and submit a joint report on the subject, including projected costs and the time needed  
133 for implementation, to the general assembly. The department of social services, at the direction  
134 of the general assembly, may implement presumptive eligibility by regulation promulgated  
135 pursuant to chapter 207;

136 (23) All participants who would be eligible for aid to families with dependent children  
137 benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

138 (24) (a) All persons who would be determined to be eligible for old age assistance  
139 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.  
140 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan  
141 as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income  
142 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the  
143 income limit if authorized by annual appropriation;

144 (b) All persons who would be determined to be eligible for aid to the blind benefits  
145 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section  
146 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of  
147 January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C.  
148 Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal  
149 poverty level;

150 (c) All persons who would be determined to be eligible for permanent and total disability  
151 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.  
152 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan as of

153 January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as  
154 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if  
155 authorized by annual appropriations. Eligibility standards for permanent and total disability  
156 benefits shall not be limited by age;

157 (25) Persons who have been diagnosed with breast or cervical cancer and who are  
158 eligible for coverage pursuant to 42 U.S.C. 1396a (a)(10)(A)(ii)(XVIII). Such persons shall be  
159 eligible during a period of presumptive eligibility in accordance with 42 U.S.C. 1396r-1;

160 (26) **Effective August 28, 2013**, persons who are [independent foster care adolescents,  
161 as defined in 42 U.S.C. Section 1396d, or who are within reasonable categories of such  
162 adolescents who are under twenty-one years of age as specified by the state, are eligible for  
163 coverage under 42 U.S.C. Section 1396a (a)(10)(A)(ii)(XVII) without regard to income or assets]  
164 **in foster care under the responsibility of the state of Missouri on the date such persons**  
165 **attain the age of eighteen years, or at any time during the thirty-day period preceding their**  
166 **eighteenth birthday, without regard to income or assets, if such persons:**

167 (a) **Are under twenty-six years of age;**

168 (b) **Are not eligible for coverage under another mandatory coverage group; and**

169 (c) **Were covered by Medicaid while they were in foster care.**

170 2. Rules and regulations to implement this section shall be promulgated in accordance  
171 with [section 431.064 and] chapter 536. Any rule or portion of a rule, as that term is defined in  
172 section 536.010, that is created under the authority delegated in this section shall become  
173 effective only if it complies with and is subject to all of the provisions of chapter 536 and, if  
174 applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the  
175 powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective  
176 date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of  
177 rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid  
178 and void.

179 3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance  
180 pursuant to 42 U.S.C. 601, et seq., as amended, in at least three of the last six months  
181 immediately preceding the month in which such family became ineligible for such assistance  
182 because of increased income from employment shall, while a member of such family is  
183 employed, remain eligible for MO HealthNet benefits for four calendar months following the  
184 month in which such family would otherwise be determined to be ineligible for such assistance  
185 because of income and resource limitation. After April 1, 1990, any family receiving aid  
186 pursuant to 42 U.S.C. 601, et seq., as amended, in at least three of the six months immediately  
187 preceding the month in which such family becomes ineligible for such aid, because of hours of  
188 employment or income from employment of the caretaker relative, shall remain eligible for MO



189 HealthNet benefits for six calendar months following the month of such ineligibility as long as  
190 such family includes a child as provided in 42 U.S.C. 1396r-6. Each family which has received  
191 such medical assistance during the entire six-month period described in this section and which  
192 meets reporting requirements and income tests established by the division and continues to  
193 include a child as provided in 42 U.S.C. 1396r-6 shall receive MO HealthNet benefits without  
194 fee for an additional six months. The MO HealthNet division may provide by rule and as  
195 authorized by annual appropriation the scope of MO HealthNet coverage to be granted to such  
196 families.

197 4. When any individual has been determined to be eligible for MO HealthNet benefits,  
198 such medical assistance will be made available to him or her for care and services furnished in  
199 or after the third month before the month in which he made application for such assistance if  
200 such individual was, or upon application would have been, eligible for such assistance at the time  
201 such care and services were furnished; provided, further, that such medical expenses remain  
202 unpaid.

203 5. The department of social services may apply to the federal Department of Health and  
204 Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration  
205 waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars  
206 in additional costs to the state, unless subject to appropriation or directed by statute, but in no  
207 event shall such waiver applications or amendments seek to waive the services of a rural health  
208 clinic or a federally qualified health center as defined in 42 U.S.C. 1396d(l)(1) and (2) or the  
209 payment requirements for such clinics and centers as provided in 42 U.S.C. 1396a(a)(15) and  
210 1396a(bb) unless such waiver application is approved by the oversight committee created in  
211 section 208.955. A request for such a waiver so submitted shall only become effective by  
212 executive order not sooner than ninety days after the final adjournment of the session of the  
213 general assembly to which it is submitted, unless it is disapproved within sixty days of its  
214 submission to a regular session by a senate or house resolution adopted by a majority vote of the  
215 respective elected members thereof, unless the request for such a waiver is made subject to  
216 appropriation or directed by statute.

217 6. Notwithstanding any other provision of law to the contrary, in any given fiscal year,  
218 any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of  
219 subsection 1 of this section shall only be eligible if annual appropriations are made for such  
220 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section  
221 1396a(a)(10)(A)(i).

**208.990. 1. Notwithstanding any other provisions of law to the contrary, to be  
2 eligible for MO HealthNet coverage individuals shall meet the eligibility criteria set forth  
3 in 42 CFR 435, including but not limited to the requirements that:**

4           **(1) The individual is a resident of the state of Missouri;**

5           **(2) The individual has a valid Social Security number;**

6           **(3) The individual is a citizen of the United States or a qualified alien as described**  
7 **in Section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act**  
8 **of 1996, 8 U.S.C. Section 1641, who has provided satisfactory documentary evidence of**  
9 **qualified alien status which has been verified with the Department of Homeland Security**  
10 **under a declaration required by Section 1137(d) of the Personal Responsibility and Work**  
11 **Opportunity Reconciliation Act of 1996 that the applicant or beneficiary is an alien in a**  
12 **satisfactory immigration status; and**

13           **(4) An individual claiming eligibility as a pregnant woman shall verify pregnancy.**

14           **2. Notwithstanding any other provisions of law to the contrary, effective January**  
15 **1, 2014, the family support division shall conduct an annual redetermination of all MO**  
16 **HealthNet participants' eligibility as provided in 42 CFR 435.916. The department may**  
17 **contract with an administrative service organization to conduct the annual**  
18 **redeterminations if it is cost effective.**

19           **3. The department, or family support division, shall conduct electronic searches to**  
20 **redetermine eligibility on the basis of income, residency, citizenship, identity and other**  
21 **criteria as described in 42 CFR 435.916 upon availability of federal, state, and**  
22 **commercially available electronic data sources. The department, or family support**  
23 **division, may enter into a contract with a vendor to perform the electronic search of**  
24 **eligibility information not disclosed during the application process and obtain an**  
25 **applicable case management system. The department shall retain final authority over**  
26 **eligibility determinations made during the redetermination process.**

27           **4. Notwithstanding any other provisions of law to the contrary, applications for**  
28 **MO HealthNet benefits shall be submitted in accordance with the requirements of 42 CFR**  
29 **435.907 and other applicable federal law. The individual shall provide all required**  
30 **information and documentation necessary to make an eligibility determination, resolve**  
31 **discrepancies found during the redetermination process, or for a purpose directly**  
32 **connected to the administration of the medical assistance program.**

33           **5. Notwithstanding any other provisions of law to the contrary, to be eligible for**  
34 **MO HealthNet coverage under section 208.995, individuals shall meet the eligibility**  
35 **requirements set forth in subsection 1 of this section and all other eligibility criteria set**  
36 **forth in 42 CFR 435 and 457, including, but not limited to, the requirements that:**

37           **(1) The department of social services shall determine the individual's financial**  
38 **eligibility based on projected annual household income and family size for the remainder**  
39 **of the current calendar year;**

40           (2) The department of social services shall determine household income for the  
41 purpose of determining the modified adjusted gross income by including all available cash  
42 support provided by the person claiming such individual as a dependent for tax purposes;

43           (3) The department of social services shall determine a pregnant woman's  
44 household size by counting the pregnant woman plus the number of children she is  
45 expected to deliver;

46           (4) CHIP-eligible children shall be uninsured, shall not have access to affordable  
47 insurance, and their parent shall pay the required premium;

48           (5) An individual claiming eligibility as an uninsured woman shall be uninsured.

208.993. 1. There is hereby established a joint committee of the general assembly,  
2 which shall be known as the "Joint Committee on Medicaid Transformation".

3           2. The joint committee shall be composed of twelve members. Six members shall  
4 be from the senate, with four members appointed by the president pro tem of the senate  
5 and two members appointed by the minority leader of the senate. Six members shall be  
6 from the house of representatives, with four members appointed by the speaker of the  
7 house of representatives and two members appointed by the minority leader of the house  
8 of representatives. All members of the Missouri general assembly not appointed in this  
9 subsection may be nonvoting, ex officio members of the joint committee. A majority of the  
10 appointed members of the joint committee shall constitute a quorum.

11           3. The joint committee shall meet within thirty days after it becomes effective and  
12 organize by selecting a chairperson and a vice chairperson, one of whom shall be a member  
13 of the senate and the other a member of the house of representatives. The joint committee  
14 may meet at locations other than Jefferson City when the committee deems it necessary.

15           4. The committee shall prepare a final report together with its recommendations  
16 for any legislative action deemed necessary for submission to the speaker of the house of  
17 representatives, president pro tem of the senate, and the governor by December 31, 2013.  
18 The report shall study and make recommendations regarding improvements that can be  
19 made to the state medical assistance health care delivery system in this state and shall  
20 examine the following:

21           (1) More efficient and cost-effective ways to provide coverage for MO HealthNet  
22 participants;

23           (2) How coverage for MO HealthNet participants can resemble that of  
24 commercially available health plans while complying with federal Medicaid requirements;

25           (3) Possibilities for promoting healthy behaviors by encouraging patients to take  
26 ownership of their health care and seek early preventative care;

27           (4) The best manner in which to provide incentives, including a shared risk and  
28 savings to health plans and providers to encourage cost-effective delivery of care; and

29           (5) Ways that individuals who currently receive medical care coverage through the  
30 MO HealthNet program can transition to obtaining their health coverage through the  
31 private sector.

32           5. The committee shall hold a minimum of one meeting at three urban regions in  
33 the state of Missouri to seek public input. The committee may hold such hearings, sit and  
34 act at such times and places, take such testimony, and receive such evidence as the  
35 committee considers advisable to carry out the provisions of this section.

36           6. The joint committee may solicit input and information necessary to fulfill its  
37 obligations from the general public, any state department, state agency, political  
38 subdivision of this state, or anyone else it deems advisable.

39           7. Members of the committee and subcommittee shall serve without compensation  
40 but may be reimbursed for necessary expenses pertaining to the duties of the committee.

41           8. The staffs of senate research, the joint committee on legislative research, and  
42 house research may provide such legal, research, clerical, technical, and bill drafting  
43 services as the joint committee may require in the performance of its duties.

44           9. Any actual and necessary expenses of the joint committee, its members, and any  
45 staff assigned to the joint committee incurred by the joint committee shall be paid by the  
46 joint contingent fund.

47           10. The provisions of this section shall expire on January 1, 2014.

208.995. 1. For purposes of this section and section 208.990, the following terms  
2 mean:

3           (1) "Child" or "children", a person or persons who are under nineteen years of  
4 age;

5           (2) "CHIP-eligible children", children who meet the eligibility standards for  
6 Missouri's children's health insurance program as provided in sections 208.631 to 208.658,  
7 including paying the premiums required under sections 208.631 to 208.658;

8           (3) "Department", the Missouri department of social services, or a division or unit  
9 within the department as designated by the department's director;

10           (4) "MAGI", the individual's modified adjusted gross income as defined in Section  
11 36B(d)(2) of the Internal Revenue Code of 1986, as amended, and:

12           (a) Any foreign earned income or housing costs;

13           (b) Tax-exempt interest received or accrued by the individual; and

14           (c) Tax-exempt Social Security income;

**(5) "MAGI equivalent net income standard", an income eligibility threshold based on modified adjusted gross income that is not less than the income eligibility levels that were in effect prior to the enactment of Public Law 111-148 and Public Law 111-152.**

**2. (1) Effective January 1, 2014, notwithstanding any other provision of law to the contrary, the following individuals shall be eligible for MO HealthNet coverage as provided in this section:**

**(a) Individuals covered by MO HealthNet for families as provided in section 208.145;**

**(b) Individuals covered by transitional MO HealthNet as provided in 42 U.S.C. Section 1396r-6;**

**(c) Individuals covered by extended MO HealthNet for families on child support closings as provided in 42 U.S.C. Section 1396r-6;**

**(d) Pregnant women as provided in subdivisions (10), (11), and (12) of subsection 1 of section 208.151;**

**(e) Children under one year of age as provided in subdivision (12) of subsection 1 of section 208.151;**

**(f) Children under six years of age as provided in subdivision (13) of subsection 1 of section 208.151;**

**(g) Children under nineteen years of age as provided in subdivision (14) of subsection 1 of section 208.151;**

**(h) CHIP-eligible children; and**

**(i) Uninsured women as provided in section 208.659.**

**(2) Effective January 1, 2014, the department shall determine eligibility for individuals eligible for MO HealthNet under subdivision (1) of this subsection based on the following income eligibility standards, unless and until they are changed:**

**(a) For individuals listed in paragraphs (a), (b) and (c) of subdivision (1) of this subsection, the department shall apply the July 16, 1996, Aid to Families with Dependent Children (AFDC) income standard as converted to the MAGI equivalent net income standard;**

**(b) For individuals listed in paragraphs (f) and (g) of subdivision (1) of this subsection, the department shall apply one hundred thirty-three percent of the federal poverty level converted to the MAGI equivalent net income standard;**

**(c) For individuals listed in paragraph (h) of subdivision (1) of this subsection, the department shall convert the income eligibility standard set forth in section 208.633 to the MAGI equivalent net income standard;**

50           (d) For individuals listed in paragraphs (d), (e) and (i) of subdivision (1) of this  
51 subsection, the department shall apply one hundred eighty-five percent of the federal  
52 poverty level converted to the MAGI equivalent net income standard;

53           (3) Individuals eligible for MO HealthNet under subdivision (1) of this subsection  
54 shall receive all applicable benefits under section 208.152.

55           3. The department or appropriate divisions of the department shall promulgate  
56 rules to implement the provisions of this section. Any rule or portion of a rule, as the term  
57 is defined in section 536.010, that is created under the authority delegated in this section  
58 shall become effective only if it complies with and is subject to all of the provisions of  
59 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are  
60 nonseverable and if any of the powers vested with the general assembly pursuant to  
61 chapter 536 to review, to delay the effective date or to disapprove and annul a rule are  
62 subsequently held unconstitutional, then the grant of rulemaking authority and any rule  
63 proposed or adopted after August 28, 2013, shall be invalid and void.

64           4. The department shall submit such state plan amendments and waivers to the  
65 Centers for Medicare and Medicaid Services of the federal Department of Health and  
66 Human Services as the department determines are necessary to implement the provisions  
67 of this section.

Section B. Because immediate action is necessary to ensure access to health care the  
2 enactment of section 208.993 of section A of this act is deemed necessary for the immediate  
3 preservation of the public health, welfare, peace, and safety, and is hereby declared to be an  
4 emergency act within the meaning of the constitution, and the enactment of section 208.993 of  
5 section A of this act shall be in full force and effect as of May 29, 2013.

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